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\*\* CONTINUING DATA \*\*\*\*\* *none my d*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none my d*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 15	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met ☒ yes ☐ no ☐ Met after Allowance

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TITLE  
 GENERATING MASK PATTERNS FOR ALTERNATING PHASE-SHIFT MASK LITHOGRAPHY

FILING FEE  RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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